

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5423AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2011
NAME OF PROVIDER OR SUPPLIER EXCELLENT ADULT CARE SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 8280 HICKAM AVE LAS VEGAS, NV 89129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an complaint investigation conducted in your facility on 3/8/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for ten (10) Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness and/or persons with chronic illnesses. The census at the time of the survey was four. Four resident files were reviewed and one employee file was reviewed.</p> <p>Complaint #NV00027733 was substantiated. See Tag Y072, Y895, Y103, Y105.</p> <p>Additional deficiencies were identified and cited. See Tag Y878, Y920 and Y923.</p>	Y 000		
Y 072 SS=E	<p>449.196(3)(a-c) Qualifications of Caregiver-Med Training</p> <p>NAC 449.196</p> <p>3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:</p> <p>(a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of</p>	Y 072		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 2 NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 3/8/11, the facility failed to ensure 1 of 1 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1 - failed to have evidence of a second step TB test). This was a repeat deficiency from the 9/21/10 and 1/22/10 State Licensure surveys. Severity: 2 Scope: 3	Y 103			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 3/8/11, the facility failed to ensure 1 of 1 employees met	Y 105			

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Y 105	Continued From page 3 background check requirements of NRS 449.176 to 449.188 (Employee #1 - failed to have evidence of a signed criminal history statement). This was a repeat deficiency from the 9/21/10, 5/13/10 and 1/22/10 State Licensure surveys. Severity: 2 Scope: 3	Y 105			
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 3/8/11, the facility failed to ensure that 1 of 4 residents received medications as prescribed (Resident #3- Atrovent Inhaler one puff twice a day and Pro Air 90 micrograms (mcg) one puff twice a day. The medication was with the resident's medications, however the medication was not listed on the March 2011 medication administration record. Employee #1 stated he did not administer this medication to the resident, the facility failed to	Y 878			

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Y 878	Continued From page 4 provide a discontinue order for the medications). This was a repeat deficiency from the 2/23/11, 2/8/11, 9/21/10 and 1/22/10 State Licensure surveys. Severity: 2 Scope: 2	Y 878			
Y 895 SS=C	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review on 3/8/11, the facility failed to ensure the medication administration record (MAR) was accurate for 4 of 4 residents	Y 895			

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Y 895	Continued From page 5 (Resident #1, #2, #3 and #4). This was a repeat deficiency from the 9/21/10 State Licensure survey. Severity: 1 Scope: 3	Y 895			
Y 920 SS=F	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation on 3/8/11, the facility failed to keep medications for 2 of 4 residents and Employee #1 in a locked area (Resident #2 and #4 - medications were observed in an unlocked	Y 920			

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Y 920	Continued From page 6 drawer in the kitchen; medications for Employee #1 were observed unlocked in the caregiver bedroom and the bedroom door was open). This was a repeat deficiency from the 9/21/10 and 1/22/10 State Licensure surveys. Severity: 2 Scope: 3	Y 920			
Y 923 SS=F	449.2748(3)(b) Medication Container NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered. This Regulation is not met as evidenced by: Based on interview on 3/8/11, the facility failed to keep medications belonging to 4 of 4 residents in their original container (Resident #1, #2, #3 and #4 - the owner of the facility stated she prepared the medication cups for the residents in advance and Employee #1 administered the medications to the residents. Employee #1 confirmed the owner set up the medication cups with medication and he then administered them to the residents). Severity: 2 Scope: 3	Y 923			

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